

FORM PTO-1390  
(REV 1-2003)

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

ATTORNEY'S DOCKET NUMBER  
50066/50002TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371

U.S. APPLICATION NO. (If known, use 37 CFR 1.5)

10/509902

INTERNATIONAL APPLICATION NO.  
PCT/US02/10638INTERNATIONAL FILING DATE  
4/4/2002

PRIORITY DATE CLAIMED

TITLE OF INVENTION Miniature/Micro-Scale Power Generation System

APPLICANT(S) FOR DO/EO/US Illusion Technologies, LLC,

Applicant hereby submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☒ This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.
4. ☒ The US has been elected (Article 31).
5. ☐ A copy of the International Application as filed (35 U.S.C. 371 (c)(2))
  - a. ☐ is attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ has been communicated by the International Bureau.
  - c. ☒ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☐ An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).
  - a. ☐ is attached hereto.
  - b. ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
7. ☐ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a. ☐ are attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ have been communicated by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☐ have not been made and will not be made.
8. ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10. ☐ An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

**Items 11 to 20 below concern document(s) or information included:**

11. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☒ A preliminary amendment.
14. ☐ An Application Data Sheet under 37 CFR 1.76.
15. ☐ A substitute specification.
16. ☐ A power of attorney and/or change of address letter.
17. ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.
18. ☐ A second copy of the published international application under 35 U.S.C. 154(d)(4).
19. ☐ A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20. ☐ Other items or information:

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| <p>21. <input type="checkbox"/> The following fees are submitted:</p> <p><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :</b></p> <p>Neither international preliminary examination fee (37 CFR 1.482)<br/> nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO<br/> and International Search Report not prepared by the EPO or JPO ..... <b>\$1080.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) not paid to<br/> USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$920.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO<br/> but international search fee (37 CFR 1.445 (a)(2)) paid to USPTO ..... <b>\$770.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br/> but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$730.00</b></p> <p>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br/> and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100.00</b></p> <p style="text-align: center;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></p> <p>Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than 30 months<br/> from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;">\$</th> </tr> <tr> <td>Total claims</td> <td>46 - 20 =</td> <td>26</td> <td>X \$18.00</td> <td><del>\$468.00</del> <b>234.</b></td> </tr> <tr> <td>Independent claims</td> <td>4 - 3 =</td> <td>1</td> <td>X \$86.00</td> <td>\$ 86.00 <b>44</b></td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ \$290.00 <b>150</b></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td><del>\$844.00</del> <b>428</b></td> </tr> <tr> <td colspan="4"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated<br/> above are reduced by 1/2. </td> <td>\$ 422.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td> <td>\$ 422.00</td> </tr> <tr> <td colspan="4">Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30<br/> months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td>\$ 422.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br/> accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$ 422.00 <b>803</b></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Amount to be:<br/>refunded \$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">charged \$</td> </tr> </table> |              |              |           | CLAIMS                          | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total claims | 46 - 20 = | 26 | X \$18.00 | <del>\$468.00</del> <b>234.</b> | Independent claims | 4 - 3 = | 1 | X \$86.00 | \$ 86.00 <b>44</b> | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | + \$290.00 <b>150</b> | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <del>\$844.00</del> <b>428</b> | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated<br>above are reduced by 1/2. |  |  |  | \$ 422.00 | <b>SUBTOTAL =</b> |  |  |  | \$ 422.00 | Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30<br>months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  | \$ 0.00 | <b>TOTAL NATIONAL FEE =</b> |  |  |  | \$ 422.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property |  |  |  | \$ 0.00 | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | \$ 422.00 <b>803</b> |  |  |  |  | Amount to be:<br>refunded \$ |  |  |  |  | charged \$ | <p><b>CALCULATIONS PTO USE ONLY</b></p> |  |
|--|--------------|--------------|-----------|---------------------------------|--------------|--------------|------|----|--------------|-----------|----|-----------|---------------------------------|--------------------|---------|---|-----------|--------------------|---|--|--|--|-----------------------|--------------------------------------|--|--|--|--------------------------------|--|--|--|--|-----------|-------------------|--|--|--|-----------|---|--|--|--|---------|-----------------------------|--|--|--|-----------|--|--|--|--|---------|------------------------------|--|--|--|----------------------|--|--|--|--|------------------------------|--|--|--|--|------------|---|--|
| CLAIMS   | NUMBER FILED | NUMBER EXTRA | RATE      | \$                              |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| Total claims   | 46 - 20 =    | 26           | X \$18.00 | <del>\$468.00</del> <b>234.</b> |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| Independent claims   | 4 - 3 =      | 1            | X \$86.00 | \$ 86.00 <b>44</b>              |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |              |              |           | + \$290.00 <b>150</b>           |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |              |           | <del>\$844.00</del> <b>428</b>  |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated<br>above are reduced by 1/2.   |              |              |           | \$ 422.00                       |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| <b>SUBTOTAL =</b>  |              |              |           | \$ 422.00                       |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30<br>months from the earliest claimed priority date (37 CFR 1.492(f)).  |              |              |           | \$ 0.00                         |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| <b>TOTAL NATIONAL FEE =</b>  |              |              |           | \$ 422.00                       |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property   |              |              |           | \$ 0.00                         |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| <b>TOTAL FEES ENCLOSED =</b>   |              |              |           | \$ 422.00 <b>803</b>            |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
|  |              |              |           | Amount to be:<br>refunded \$    |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
|  |              |              |           | charged \$                      |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| <p>a. <input type="checkbox"/> A check in the amount of \$ <u>803</u> to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>50-1753</u> in the amount of \$ _____ to cover the above fees.<br/> A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any<br/> overpayment to Deposit Account No. <u>50-1753 (5802)</u>. A duplicate copy of this sheet is enclosed. ✓</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card<br/> information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p>   |              |              |           |                                 |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |
| <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR<br/> 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p> <p>SEND ALL CORRESPONDENCE TO:</p> <div style="text-align: right;"> <br/> SIGNATURE:<br/> Sue Z. Shaper<br/> NAME<br/> 31663<br/> REGISTRATION NUMBER </div>  |              |              |           |                                 |              |              |      |    |              |           |    |           |                                 |                    |         |   |           |                    |   |  |  |  |                       |                                      |  |  |  |                                |  |  |  |  |           |                   |  |  |  |           |   |  |  |  |         |                             |  |  |  |           |  |  |  |  |         |                              |  |  |  |                      |  |  |  |  |                              |  |  |  |  |            |   |  |

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DT09 Rec'd PCT/PTO 29 SEP 2004

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

By: Sue Shaper

Typed Name: Sue Z. Shaper

Express Mail Label No.: EL 977589296 US

Date of Deposit: 9/29/2004